



# THE NAVAJO NATION WORKERS' COMPENSATION PROGRAM

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Ben Shelly  
President

Rex Lee Jim  
Vice President

## TRADITIONAL HEALING EXPENSE(S) CLAIM FORM

Today's Date: \_\_\_\_\_

Claimant's Name \_\_\_\_\_

Claim No: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Traditional Healer: \_\_\_\_\_ Phone No: [ ] \_\_\_\_\_

Traditional Healer's Federal Tax ID Number or SSN: \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

Name of Ceremony: \_\_\_\_\_

Dates of Ceremony: From: \_\_\_\_\_ To: \_\_\_\_\_

Was this ceremony for claimant's work related injury? ☐ Yes ☐ NO

Traditional Healer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Fee(s) Paid to Traditional Practitioner for the Ceremony: (\$) \_\_\_\_\_

Material(s) required and purchased for the Ceremony. Attached All Sale Receipts: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

Please send this completed claim form to the above address.